ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Schneck Memorial Hospital

City: Seymour County: Jackson Year: 2004

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	7	259	1,152	\$11,190
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	77	2,439	9,730	\$13,389
Neonatal Intermed	4	21	55	\$5,188
Obstetrics	15	618	1,387	\$8,426
Pediatric	9	197	503	\$5,389

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	189	1,194	\$6,934
Other Services	0	0	0	NA
Acute Subtotal	112	3,723	14,021	NA
Normal Newborn	11	567	1,190	\$1,887

II. Outpatient Visits				
Circulatory System	6,119	Digestive System	4,004	
Endocrine System	4,488	Injuries and Poison	7,253	
Mental Disorder	867	Musculoskeletal	11,366	
Neoplasms	5,477	Nervous	3,300	
Respiratory	5,033	Urinary	4,945	
Other/Unknown	59,080	Total Visits	111,932	
Number of Visits to Emerg	21,315			
Percent of Emergency Department Visits of Total Visits			19.0%	

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractice Service
N - CT Scanner	Y - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
N - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Opthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	N- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	Y - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

Health Care Regulatory Services

2004 Hospital Services Main Page